

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 441401 1. Entity Name SHORES WELDING AND FABRICATING, INC.	
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Principal Place of Business 10519 LAKE WILLIAMS DR ODESSA, FL 33556	Mailing Address 10519 LAKE WILLIAMS DR ODESSA, FL 33556
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ALTERIO, VINCENT P. 10519 LAKE WILLIAMS DR ODESSA, FL 33556	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

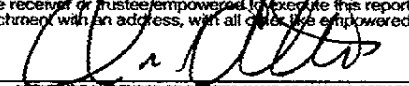
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000084845 03/11/04-80024-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALTERIO (VINCENT P) 10519 LAKE WILLIAMS DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHORES, CATHERINE M. 1331 SR #580 LOT 375 SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALTERIO, PATRICIA A 10519 LAKE WILLIAMS DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE:  VINCENT P. ALTERIO	3/6/04	813 926 5176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #